



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 131356		2. Exact name of the limited liability company GREEN SEASONS TURF MANAGEMENT LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Landscaping	
5. Principal office address 75 Thomas Lane		City Cranston	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Guido R. Salvatore		Contact Title Registered Agent	
Street Address 10 Weybosset St., Suite 303		City Providence	State RI
		Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name James E. Diko		Manager Name Brenda J. Diko	
Street Address 75 Thomas Lane		Street Address 75 Thomas Lane	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name GUIDO R. SALVADORE, ESQ.		Address	
Address 10 WEYBOSSET STREET, SUITE 905		City PROVIDENCE	Zip 02903

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 SEP 20 11:23

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/6/05	131356
Check No.	392	
By:		
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

090605
Signature of Authorized Person Date
James E. Diko
Print or Type Name of Authorized Person



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1 ID No. 131356		2 Exact name of the limited liability company GREEN SEASONS TURF MANAGEMENT LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island			
5 Principal office address 193 Mohawk Trail 75 Thomas Lane		City Cranston	State RI	Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Guido R. Salvatore, Esq.		Contact Title Registered Agent			
Street Address 10 Weybosset Street, Suite 905		City Providence	State RI	Zip 02903	
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Street Address 193 Mohawk Trail 75 Thomas Lane		Street Address 193 Mohawk Trail 75 Thomas Lane			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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Address 10 WEYBOSSET STREET, SUITE 905			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 1 3 5 6 *

File Date	11/4/04
Check No.	268
By	AS
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

James E. Diko **091404**
Signature of Authorized Person Date
James E. Diko
Print or Type Name of Authorized Person